

# HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

FORM ORG

KEHP

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
ETHICS COMMISSION

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For lobbying reporting period:

☐ January 1 - last day of February

☐ March 1 - April 30

☒ May 1 - December 31

Year of Report 20 06

Contact person Phyllis J.B. Dendle Phone 808-432-4626

Organization Kaiser Foundation Health Plan, Inc.

Mailing Address 501 Alakawa St.

Honolulu, HI 96817

## PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 15,060.00

### EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials	\$25.00	7. Entertainment	
2. Media advertising		8. Food & beverages	\$35.00
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$15,000.00	11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	\$15,060.00

### COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Phyllis J.B. Dendle	501 Alakawa St. Honolulu, HI 96817	\$5,000.00
Christopher G. Pablo	501 Alakawa St. Honolulu, HI 96817	\$10,000.00

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

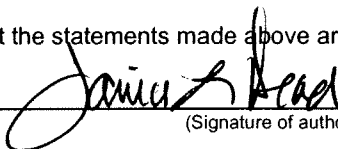
Name & Address	Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

1/16/07

(Date)

Name of authorized person (type or print) Janice L. Head

Title of authorized person President, Hawaii Region - Kaiser Foundation Health Plan and Hospitals